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## NOTICE OF ALLOWANCE AND FEE(S) DUE

27820

7590

12/28/2004

WITHROW & TERRANOVA, P.L.L.C. P.O. BOX 1287 CARY, NC 27512 EXAMINER

HUYNH, KHOA D

ART UNIT

PAPER NUMBER

3751

DATE MAILED: 12/28/2004

| 1 | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-----------------|-------------|----------------------|---------------------|------------------|
| • | 10/785 321      | 02/24/2004  | Seifollah S. Nanaii  | 2400-725 A          | 9698             |

TITLE OF INVENTION: UNDERGROUND STORAGE TANK VAPOR PRESSURE EQUALIZER

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 03/28/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

|                                                                                                                                                 |                                                                                                                                                      |                                                                                               | <u> </u>                                                                                                                                                                                                                                 | (700) 1000                                                                                                                     | <del> </del>                                                                                                                                                 |                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--|
| INSTRUCTIONS: This for<br>appropriate. All further corn<br>indicated unless corrected b<br>maintenance fee notification                         | respondence including the le<br>below or directed otherwise                                                                                          | smitting the ISSU<br>Patent, advance ord<br>in Block 1, by (a)                                | E FEE and PUBLIC<br>lers and notification<br>specifying a new c                                                                                                                                                                          | CATION FEE (if requ<br>of maintenance fees v<br>orrespondence address                                                          | ired). Blocks 1 through 5 sh<br>will be mailed to the current<br>; and/or (b) indicating a sepa                                                              | correspondence address as rate "FEE ADDRESS" for                                                                                      |  |
| CURRENT CORRESPONDENCE                                                                                                                          | E ADDRESS (Note: Use Block 1 for                                                                                                                     | any change of address)                                                                        | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must |                                                                                                                                |                                                                                                                                                              |                                                                                                                                       |  |
| 27820 75                                                                                                                                        | 90 12/28/2004                                                                                                                                        |                                                                                               |                                                                                                                                                                                                                                          | have its own certificat                                                                                                        | al paper, such as an assignme<br>e of mailing or transmission.                                                                                               | nt or formal drawing, must                                                                                                            |  |
| WITHROW & TI                                                                                                                                    | ERRANOVA, P.L.L                                                                                                                                      | .C.                                                                                           |                                                                                                                                                                                                                                          | Ce                                                                                                                             | rtificate of Mailing or Trans                                                                                                                                | mission                                                                                                                               |  |
| P.O. BOX 1287                                                                                                                                   |                                                                                                                                                      |                                                                                               |                                                                                                                                                                                                                                          | I hereby certify that the                                                                                                      | nis Fee(s) Transmittal is being with sufficient postage for firs                                                                                             | deposited with the United                                                                                                             |  |
| CARY, NC 27512                                                                                                                                  |                                                                                                                                                      |                                                                                               |                                                                                                                                                                                                                                          | addressed to the Mai                                                                                                           | nis Fee(s) Transmittal is being<br>with sufficient postage for firs<br>I Stop ISSUE FEE address<br>PTO (703) 746-4000, on the d                              | above, or being facsimile                                                                                                             |  |
|                                                                                                                                                 |                                                                                                                                                      | *                                                                                             |                                                                                                                                                                                                                                          | Tansmitted to the OSI                                                                                                          | 10 (703) 740-4000, on the t                                                                                                                                  | (Depositor's name)                                                                                                                    |  |
|                                                                                                                                                 |                                                                                                                                                      |                                                                                               |                                                                                                                                                                                                                                          |                                                                                                                                |                                                                                                                                                              | (Signature)                                                                                                                           |  |
|                                                                                                                                                 |                                                                                                                                                      |                                                                                               | ·                                                                                                                                                                                                                                        |                                                                                                                                |                                                                                                                                                              | (Date)                                                                                                                                |  |
| APPLICATION NO.                                                                                                                                 | FILING DATE                                                                                                                                          |                                                                                               | FIRST NAMED INVEN                                                                                                                                                                                                                        | ITOR                                                                                                                           | ATTORNEY DOCKET NO.                                                                                                                                          | CONFIRMATION NO.                                                                                                                      |  |
| 10/785,321                                                                                                                                      | 02/24/2004                                                                                                                                           |                                                                                               | Seifollah S. Nana                                                                                                                                                                                                                        | ji                                                                                                                             | 2400-725A                                                                                                                                                    | 9698                                                                                                                                  |  |
| TITLE OF INVENTION: U                                                                                                                           | NDERGROUND STORAGE                                                                                                                                   | E TANK VAPOR I                                                                                | PRESSURE EQUAL                                                                                                                                                                                                                           | IZER                                                                                                                           |                                                                                                                                                              |                                                                                                                                       |  |
|                                                                                                                                                 |                                                                                                                                                      |                                                                                               |                                                                                                                                                                                                                                          |                                                                                                                                |                                                                                                                                                              |                                                                                                                                       |  |
|                                                                                                                                                 |                                                                                                                                                      |                                                                                               |                                                                                                                                                                                                                                          |                                                                                                                                |                                                                                                                                                              |                                                                                                                                       |  |
| APPLN. TYPE                                                                                                                                     | SMALL ENTITY                                                                                                                                         | ISSUE FE                                                                                      | EE PU                                                                                                                                                                                                                                    | UBLICATION FEE                                                                                                                 | TOTAL FEE(S) DUE                                                                                                                                             | DATE DUE                                                                                                                              |  |
| nonprovisional                                                                                                                                  | NO                                                                                                                                                   | \$1400                                                                                        |                                                                                                                                                                                                                                          | \$300                                                                                                                          | \$1700                                                                                                                                                       | 03/28/2005                                                                                                                            |  |
| EXAM                                                                                                                                            | INER                                                                                                                                                 | ART UN                                                                                        | IT C                                                                                                                                                                                                                                     | LASS-SUBCLASS                                                                                                                  | ]                                                                                                                                                            |                                                                                                                                       |  |
| HUYNH,                                                                                                                                          | KHOA D                                                                                                                                               | 3751                                                                                          |                                                                                                                                                                                                                                          | 141-067000                                                                                                                     |                                                                                                                                                              |                                                                                                                                       |  |
| 1. Change of correspondence                                                                                                                     | address or indication of "Fe                                                                                                                         | ee Address" (37                                                                               | 2. For printing on                                                                                                                                                                                                                       | the patent front page, l                                                                                                       | ist                                                                                                                                                          |                                                                                                                                       |  |
| CFR 1.363).                                                                                                                                     | ence address (or Change of                                                                                                                           | Correspondence                                                                                | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a                                                                                                   |                                                                                                                                |                                                                                                                                                              |                                                                                                                                       |  |
| Address form PTO/SB/12                                                                                                                          | ence address (or Change of 22) attached.                                                                                                             | Correspondence                                                                                |                                                                                                                                                                                                                                          |                                                                                                                                |                                                                                                                                                              |                                                                                                                                       |  |
| "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.                                                                              | ion (or "Fee Address" Indica<br>or more recent) attached. Use                                                                                        | ation form<br>e of a Customer                                                                 | registered attorney                                                                                                                                                                                                                      | y or agent) and the nan<br>t attorneys or agents. If                                                                           | nes of up to                                                                                                                                                 |                                                                                                                                       |  |
| 3. ASSIGNEE NAME AND                                                                                                                            | RESIDENCE DATA TO B                                                                                                                                  | E PRINTED ON T                                                                                | HE PATENT (print                                                                                                                                                                                                                         | or type)                                                                                                                       |                                                                                                                                                              | •                                                                                                                                     |  |
| PLEASE NOTE: Unless recordation as set forth in                                                                                                 | an assignee is identified be 37 CFR 3.11. Completion                                                                                                 | clow, no assignee of this form is NOT                                                         | data will appear on to<br>a substitute for filin                                                                                                                                                                                         | the patent. If an assign<br>g an assignment.                                                                                   | nee is identified below, the de                                                                                                                              | ocument has been filed for                                                                                                            |  |
| (A) NAME OF ASSIGNE                                                                                                                             | EE                                                                                                                                                   | (B                                                                                            | ) RESIDENCE: (CIT                                                                                                                                                                                                                        | Y and STATE OR CO                                                                                                              | UNTRY)                                                                                                                                                       |                                                                                                                                       |  |
|                                                                                                                                                 |                                                                                                                                                      |                                                                                               |                                                                                                                                                                                                                                          |                                                                                                                                |                                                                                                                                                              |                                                                                                                                       |  |
| Please check the appropriate                                                                                                                    |                                                                                                                                                      | ries (will not be pri                                                                         | nted on the notent):                                                                                                                                                                                                                     | ☐ Individual ☐ C                                                                                                               | orporation or other private gro                                                                                                                              | oun entity   Covernment                                                                                                               |  |
| 4a. The following fee(s) are                                                                                                                    |                                                                                                                                                      |                                                                                               | . Payment of Fee(s):                                                                                                                                                                                                                     | - marriadar - C                                                                                                                | orporation of other private gre                                                                                                                              | Jup chitty — Government                                                                                                               |  |
| Issue Fee                                                                                                                                       | cholosed.                                                                                                                                            | ,,                                                                                            |                                                                                                                                                                                                                                          | nount of the fee(s) is en                                                                                                      | nclosed.                                                                                                                                                     |                                                                                                                                       |  |
|                                                                                                                                                 | mall entity discount permitte                                                                                                                        | ed)                                                                                           | _                                                                                                                                                                                                                                        | it card. Form PTO-203                                                                                                          |                                                                                                                                                              |                                                                                                                                       |  |
|                                                                                                                                                 | Copies                                                                                                                                               |                                                                                               | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).                                                                              |                                                                                                                                |                                                                                                                                                              |                                                                                                                                       |  |
| 5. Change in Entity Status                                                                                                                      | (from status indicated above                                                                                                                         | <del>(</del> )                                                                                |                                                                                                                                                                                                                                          | <del> </del>                                                                                                                   |                                                                                                                                                              | <u>···</u>                                                                                                                            |  |
|                                                                                                                                                 | MALL ENTITY status. See                                                                                                                              |                                                                                               |                                                                                                                                                                                                                                          |                                                                                                                                | LL ENTITY status. See 37 C                                                                                                                                   |                                                                                                                                       |  |
| The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco                                                               | is requested to apply the Issublication Fee (if required) words of the United States Pate                                                            | ue Fee and Publicat<br>will not be accepted<br>ent and Trademark                              | ion Fee (if any) or to<br>I from anyone other t<br>Office.                                                                                                                                                                               | re-apply any previous<br>han the applicant; a reg                                                                              | ly paid issue fee to the applica<br>sistered attorney or agent; or the                                                                                       | tion identified above.<br>ne assignee or other party in                                                                               |  |
| Authorized Signature                                                                                                                            |                                                                                                                                                      |                                                                                               |                                                                                                                                                                                                                                          | Date                                                                                                                           |                                                                                                                                                              |                                                                                                                                       |  |
| Typed or printed name                                                                                                                           |                                                                                                                                                      |                                                                                               |                                                                                                                                                                                                                                          |                                                                                                                                |                                                                                                                                                              |                                                                                                                                       |  |
| This collection of information an application. Confidentialisubmitting the completed aphis form and/or suggestions. Box 1450, Alexandria, Virgi | in is required by 37 CFR 1.3<br>ty is governed by 35 U.S.C.<br>plication form to the USPT<br>for reducing this burden, st<br>inia 22313-1450. DO NOT | 11. The informatio, 122 and 37 CFR 1<br>O. Time will vary nould be sent to the SEND FEES OR C | n is required to obtai<br>1.14. This collection<br>depending upon the<br>Chief Information C<br>COMPLETED FORM                                                                                                                           | n or retain a benefit by<br>is estimated to take 12<br>individual case. Any c<br>Officer, U.S. Patent and<br>IS TO THIS ADDRES | the public which is to file (and<br>minutes to complete, includin<br>omments on the amount of til<br>Trademark Office, U.S. Dep-<br>S. SEND TO: Commissioner | by the USPTO to process) g gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, |  |

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|-----------------|------------|------------------------|-------------------------|---------------------|------------------|
| 10/785,321      | 02/24/2004 |                        | Seifollah S. Nanaji     | 2400-725A           | 9698             |
| 27820           | 7590       | 12/28/2004             | EXAMINER                |                     |                  |
| WITHROW &       | & TERRANOV | HUYNH,                 | HUYNH, KHOA D           |                     |                  |
| P.O. BOX 128    | 7          | ARTIBUT                | ADTIBUT DARRAMEN        |                     |                  |
| CARY, NC 27:    | 512        |                        |                         | ART UNIT            | PAPER NUMBER     |
|                 |            |                        |                         | 3751                |                  |
|                 |            | DATE MAILED: 12/28/200 | DATE MAILED: 12/28/2004 |                     |                  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.